STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013322	A. BUILDING: _____ B. WING _____	10/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN GLEN	98 NORTH 10TH STREET GREENCASTLE, IN 46135

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for an Initial State Residential Licensure Survey. Survey date: October 16, 2014 Facility number: 013322 Provider Number: 013322 Aim Number: N/A Survey team: Lora Brettnacher, RN, TC Tracina Moody, RN Megan Burgess, RN Census bed type: Residential: 35 Total: 35 Census by payor type: Other: 35 Total: 35 Sample: 7 Autumn Glen was found to be in compliance with 410 IAC 16.2-5 in regard to the Initial State Residential Licensure Survey. Quality Review 10/17/14 by Lisa McColly	R 000		